

CERTIFICATE OF COMPLETION

This is to certify that

is enrolled in a North Carolina school of nursing and has
completed course work equivalent to a State-approved
Nurse Aide I training program at

Name of School

Program Number

on the _____ day of _____, 20____.

Certified by:

Signature of School of Nursing Chair or Designee

Print Name of School of Nursing Chair or Designee

Notary Public
North Carolina

County

I, _____, a

Notary Public for said County and State, do hereby certify that

personally appeared before me on this day and acknowledged
the due execution of the foregoing instrument.

Witness my hand and official seal, on the ____ day of _____, 20____.

Notary Public (Signature) _____ My Commission Expires _____, 20____.

NOTE: This certificate does not guarantee that the above mentioned student will be listed by the North Carolina Nurse Aide I Registry (NCNAR). The student must successfully pass both portions of the NNAAP examination to be eligible for placement on the NCNAR.